

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

9-29-00

876-10 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		—	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/	(07)	/	7	/	
8					—	
9					—	
10					/	
11					/	
12					/	
13					/	
14					/	
15					/	
16					/	
17					/	
18					/	
19					/	
20					/	
21					/	
22	/		/		/	
23	/		/		/	
24	/		/		/	
25	/		/		/	
26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		7		/	
30	/		7		/	
31	/		/		/	
32	/		/		4	
33	/		/		1	
34	/		/		1	
35	/		/		1	
36	/		/		1	
37	/		/		1	
38	/		/		1	
39	/		/		1	
40	/		/		1	
41	/		/		1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	10		9		11	
TOTAL DEP.	31	→	50	→	31	→
TOTAL CLAIMS	41		59		62	

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS